

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DER.	IND.	DEP.		IND.	DEP.	IND.
	1		1					1		
2		1						1		
3	2							1		
4	2							1		
5	2							1		
6	2							1		
7	1							1		
8		1						1		
9	1							1		
10	1							1		
11	1							1		
12	1							1		
13	1							1		
14	1							1		
15	1							1		
16	1							1		
17	1							1		
18								1		
19								1		
20								1		
21								1		
22								1		
23								1		
24								1		
25	1							1		
26	1							1		
27	1							1		
28	1							1		
29	1							1		
30								1		
31								1		
32								1		
33								1		
34								1		
35								1		
36								1		
37								1		
38								1		
39								1		
40								1		
41								1		
42								1		
43								1		
44								1		
45								1		
46								1		
47								1		
48								1		
49								1		
50								1		
TOTAL IND.	21	1	1	1	1	1		1	1	1
TOTAL DEP.	33	1	1	1	1	1		1	1	1
TOTAL CLAIMS	55	1	1	1	1	1		1	1	1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS